

**Early Intervention Program (EIP)  
ARIES Required Minimum Data Set**

| <b>Field Name</b>   | <b>Tab Location</b> | <b>Subtab Location</b>           |
|---|---------------------|----------------------------------|
| Last Name   | New Client          | N/A                              |
| First Name  | New Client          | N/A                              |
| Middle Initial  | New Client          | N/A                              |
| Mother's Maiden Name  | New Client          | N/A                              |
| Date of Birth   | New Client          | N/A                              |
| Gender  | New Client          | N/A                              |
| Client Agrees to Share Data   | New Client          | N/A                              |
| Zip Code  | Demographics        | Contact Information              |
| County  | Demographics        | Contact Information              |
| Hispanic  | Demographics        | Demographic Detail               |
| National Origin/Ethnicity   | Demographics        | Demographic Detail               |
| Current Living Situation  | Demographics        | Living Situation                 |
| Race 1  | Demographics        | Demographic Detail               |
| National Origin/Ethnicity 1   | Demographics        | Demographic Detail               |
| Client Income   | Eligibility         | Financial                        |
| Employed  | Eligibility         | Financial                        |
| Public Assistance   | Eligibility         | Financial                        |
| Household Income  | Eligibility         | Financial                        |
| Family Income   | Eligibility         | Financial                        |
| Source (Insurance)  | Eligibility         | Insurance                        |
| Early Intervention Program (EIP)/Bridge Project/Positive Changes Enrollment/Disenrollment | Programs            | Early Intervention Program (EIP) |
| Psychosocial Factors: History of Abuse  | Programs            | Early Intervention Program (EIP) |
| Psychosocial Factors: Legal   | Programs            | Early Intervention Program (EIP) |
| Psychosocial Factors: Diagnostic Impression and Mental Health History                     | Programs            | Early Intervention Program (EIP) |
| Functional Status/Quality of Life   | Programs            | Early Intervention Program (EIP) |
| Functional Status/Quality of Life: Section 2  | Programs            | Early Intervention Program (EIP) |
| Functional Status/Quality of Life: Section 3  | Programs            | Early Intervention Program (EIP) |
| Behavioral Risk, Section 1  | Programs            | Early Intervention Program (EIP) |
| Behavioral Risk, Section 2  | Programs            | Early Intervention Program (EIP) |
| Behavioral Risk, Section 3  | Programs            | Early Intervention Program (EIP) |
| Behavioral Risk, Section 4  | Programs            | Early Intervention Program (EIP) |
| BRIDGE Program/Barriers to Care   | Programs            | Early Intervention Program (EIP) |
| Primary Medical Care  | Medical             | Basic Medical                    |

-Most of the required fields are denoted with an '\*'  
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|  |   |              |                    |
|--|---|--------------|--------------------|
|  | Primary HIV Care  | Medical      | Basic Medical      |
|  | CDC Disease Stage   | Medical      | Basic Medical      |
|  | Date First HIV+   | Medical      | Basic Medical      |
|  | Primary Healthcare Provider strictly an Ob/GYN practitioner?  | Medical      | OB/GYN & Pregnancy |
|  | What behaviors did the client engage in prior to his/her first HIV positive test result? Check all that apply | Risk Factors | Risk Factors       |
|  | Sex Partner Risk Factors, Heterosexual Contact <u>ONLY</u>  | Risk Factors | Risk Factors       |
|  | Client Name/ID  | Services     | Services           |
|  | Date of Service   | Services     | Services           |
|  | Contract ID   | Services     | Services           |
|  | Program   | Services     | Services           |
|  | Primary Service   | Services     | Services           |
|  | Site  | Services     | Services           |
|  | <b>Services (Required of all Providers)</b>   |              |                    |
|  | Staff   | Services     | N/A                |
|  | Date of Service   | Services     | N/A                |
|  | Contract ID, i.e., Ryan White   | Services     | N/A                |
|  | Program, i.e., Care Services Program  | Services     | N/A                |
|  | Primary Service   | Services     | N/A                |
|  | Secondary Service (if applicable)   | Services     | N/A                |
|  | Agency Subservice (if applicable)   | Services     | N/A                |
|  | Unit of Service   | Services     | N/A                |
|  |   |              |                    |